University of Washington School of Medicine
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King County Family Treatment Court

Process Evaluation

Results of Staff and Stakeholder Interviews

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EXECUTIVE SUMMARY

King County Family Treatment Court (KCFTC) is one of a growing number of jurisdictions nationally that is looking to build on the promise of the Family Treatment Court model in addressing the needs of families involved in the legal system due to child abuse and neglect charges related to parental substance abuse. KCFTC was the product of over two years of planning and development, including participation in the Federal Drug Court Planning Initiative program. The goal was to create a Court capable of more effectively responding to the needs of parents and children by collaborating across disciplines and working together as non-adversarial team. As stated in the Court's program materials, there are four primary goals of the KCFTC:

1. Ensure that children have safe and permanent homes within the permanency planning guidelines or sooner;
2. Ensure that families of color have outcomes from dependency cases similar to families not of color;
3. Ensure that parents are better able to care for themselves and their children and seek resources to do so; and
4. Reduce the cost to society of dependency cases involving substances.

The current evaluation is one element of a multi-component evaluation, and was designed to assess the success with which these goals are being met, and how successfully the Court's proposed functions and processes are being implemented. We also aimed to learn about the perceived effectiveness of the Court overall from the perspective of the KCFTC team members and key stakeholders associated with the dependency court system in King County. The overall goal of this process evaluation was to provide information that can be used to assess the KCFTC's strengths and needs for improvement, as well as document perceptions of effectiveness that can be used to sustain the program.

Method

The primary method for the process evaluation consisted of interviews with 39 team members and principal stakeholders. Respondents were asked to provide quantitative and qualitative responses to questions organized into several broad areas based on the proposed theory of change for the KCFTC: (1) Success in meeting the KCFTC goals, (2) success at serving the target population, (3) eligibility and referral process, (4) process and functions, (5) adherence to best practices, (6) short-term outcomes, (7) teamwork and collaboration, and (8) strengths, weaknesses, and areas for improvement.

Results

The results indicated that team and advisory group members were generally very enthusiastic about KCFTC and viewed it as highly successful. The group felt that KCFTC was generally successful in accomplishing its proposed goals and in serving its target population. The large majority of staff and advisory members felt that KCFTC was at least a little bit more successful than the regular dependency court at achieving its outcomes. However, respondents generally felt the Court was not as successful in serving a population that was representative of the racial composition of the general dependency system.

Summary of Key Findings

- 84% or informants believe the KCFTC is at least "a little bit more successful" than the regular dependency court at achieving outcomes
- Overall, 95% of respondents believe the KCFTC has been at least "somewhat successful" overall
- Advisors and those with less overall contact with KCFTC participants gave higher ratings
- Respondents less confident that goal of serving a representative population is being met
- Respondents overwhelmingly believe current client load is about right for capacity
- Mixed opinions on the amount of shared vision among team members

Respondents rated the success of 12 core processes and functions that are part of the KCFTC model. Overall, ratings of success for these proposed functions ranged from somewhat to moderately successful. On 12 national child welfare and drug court best practices that were presented, respondents, on average, felt that KCFTC was doing better than the regular dependency court system in all 12 areas. Similarly, respondents overall felt that KCFTC was doing a somewhat to

moderately better job in achieving 12 proposed short-term outcomes as compared to the regular system. Within each of these areas, relative strengths and weaknesses were identified.

Relative weaknesses of KCFTC

Processes, functions, and best practices:

- Timely/effective services for parents (beyond chemical dependency services)
- Consistent, timely incentives and sanctions
- Training and education for FTC staff
- Comprehensive strengths-based assessments
- MIS that allows data to be assembled/reviewed
- Accountability for treatment services
- Mechanisms for shared decision making

Short-term Outcomes:

- Parents/child receive services they need
- Earlier determination of alternate placement options

Relative strengths of KCFTC

Processes, functions, and best practices:

- Expanded and more frequent visitations
- Effective judicial interaction
- Random UA Screens
- Judge responds to positive and negative behavior
- Judge plays active role in treatment process
- AOD testing frequent in first months

Short-term Outcomes:

- Enrollment in appropriate CD services
- Parents/child more fully engaged in services
- Eligibility/enrollment completed quickly

While the results indicated that many felt KCFTC is a better alternative for the families it serves than the regular dependency system, respondents gave extensive and highly informative reports of areas for needed improvement. The four most common areas for improvement identified by respondents fell into the broad areas of **treatment issues**, **client-related needs**, **communication and collaboration**, and **funding needs**.

The results suggest that respondents generally feel KCFTC is achieving success in its proposed outcomes and the processes, functions, and practices utilized to achieve those outcomes. At the same time, constructive critiques and feedback by those interviewed clearly implied a number of areas could be enhanced and improved. While clearly KCFTC team members and stakeholders felt that the KCFTC model offers a superior alternative to the regular system, reviewing court and DSHS records and interviewing parents in both types of court during the next stage of the evaluation will offer important additional information about KCFTC's relative effectiveness.

King County Family Treatment Court

Process Evaluation:

Results of Staff and Stakeholder Interviews

INTRODUCTION

Family treatment courts (FTC) are a relatively new type of court developed to address the needs of families involved in the legal system due to child abuse and neglect charges related to parental substance abuse (Ashford, 2004; Harrell & Goodman, 1999). King County Family Treatment Court (KCFTC) is one of the jurisdictions nationally that is looking to build on the promise of the FTC model and replicate positive outcomes found for FTCs in jurisdictions such as Suffolk County, NY, Pima County, AZ, and San Diego (Young, 2003; Ashford, 2004).

KCFTC was created in partnership with the Division of Children and Family Services, King County Mental Health Chemical Abuse and Dependency Services Division, King County Court Appointed Special Advocates, public defender offices, and the Office of the Attorney General. KCFTC received initial funding for one year by King County MHCADS and Washington State DSHS/DCFS Region 4. In addition to support and funding from these organizations, in 2004, KCFTC was awarded a $450,000 federal Drug Court Implementation Grant.

KCFTC was the product of over two years of planning and development, including participation in the Federal Drug Court Planning Initiative program. The goal was to create a Court capable of more effectively responding to the needs of parents and children by collaborating across disciplines and working together as non-adversarial team.

Development of the KCFTC was motivated by a number of critical issues surrounding the dependency system in King County:

- Parental substance abuse is estimated to be an issue for 70% of families involved in the dependency system in King County.

- An estimated 75% of cases where a child reenters the foster care system are due to parental drug/alcohol abuse.
- Parents who are separated from their children due to substance abuse are more likely to have their children permanently removed because they do not achieve timely and sustainable sobriety. This situation exacerbated by state law and federal regulations requiring time frames for establishing permanence for the child.
- Availability of resources impacts a parent's commitment toward family reunification. A parent may be more willing to enroll and participate in a treatment program at the time of the crisis than he/she would be weeks later, after there has been time to adjust to the situation.
- Semi-annual court reviews do not provide the level of oversight and accountability necessary for dependency cases complicated by parental substance abuse.
- By its nature, the adversarial nature of the dependency court system is not conducive to coordinated and effective intervention in the lives of families impacted by parental substance abuse.

To respond to these concerns, the KCFTC was envisioned as a mechanism to promote the health, safety and welfare of children in the dependency system by actively intervening to comprehensively address the drug, alcohol and other ancillary service needs of families. The KCFTC model represents an adaptation of family treatment courts nationally that, through an integrated, culturally competent, judicially managed collaboration, facilitates timely reunification or an alternative permanency plan.

As stated in the Court's program materials, there are four primary goals of the KCFTC:

5. Ensure that children have safe and permanent homes within the permanency planning guidelines or sooner;
6. Ensure that families of color have outcomes from dependency cases similar to families not of color;
7. Ensure that parents are better able to care for themselves and their children and seek resources to do so; and

8. Reduce the cost to society of dependency cases involving substances.

To achieve these goals, the KCFTC model includes program elements that are intended to build on this promise of family treatment courts nationally. Some of these elements include:

- Integrated systems (e.g., integration of parental substance abuse treatment and continual review of progress within the traditional dependency court process);
- Early and efficient intervention (i.e., program eligibility determination, chemical dependency assessment, and treatment program enrollment will be completed within nine working days of the filing of a dependency petition);
- Comprehensive services (including detoxification, impatient services, long-term treatment, recovery house, case management, intensive outpatient, opiate substitution treatment, therapeutic child care, mental health, health, housing assistance, and other services as needed by the parent and child);
- Increased judicial supervision (e.g., case review hearings occur every other week and become less frequent as the parent progresses through the program);
- A holistic approach to strengthening family functioning;
- Individualized case planning and management through the wraparound process;
- Ensuring legal rights, advocacy, and confidentiality;
- Reduced caseloads for DSHS case workers assigned to KCFTC-enrolled families;
- Regularly scheduled staffings and court reviews to improve coordination with the judge and among professionals serving the family;
- Graduated sanctions and incentives tied to reports of treatment progress and compliance with other court orders;
- Continual measurement of program outcomes
- A collaborative, non-adversarial, cross-trained team; and
- Active judicial leadership.

At the time of the current report, 33 families and 53 children and adolescents have been enrolled in the KCFTC. Three enrolled families ultimately opted out,

while two have graduated. The rest are still actively enrolled in the KCFTC. A description of the children enrolled in the Court is presented in the Table below.

Demographics of Children Enrolled in the King County Family Treatment Court
As of May 10, 2006 (total N=53)

Gender	**N**	**%**
Female	26	49%
Male	27	51%
Age	**N**	**%**
0-2	14	26%
3-5	21	40%
6-11	8	15%
12-17	10	19%
Ethnicity	**N**	**%**
Caucasian	25	47%
Native American	13	25%
African American	4	8%
Caucasian/African American	3	6%
Caucasian/Asian	2	4%
Caucasian/Hispanic	2	4%
Biracial (not recorded)	2	4%
African American/Hispanic	1	2%
Native American/Hispanic	1	2%

The current evaluation

In 2005, King County Superior Court commissioned an initial process evaluation of the KCFTC. After discussions with key KCFTC stakeholders and advisors about evaluation priorities, it was decided to conduct the evaluation in two parts: (1) A pure process evaluation that relied on interviews with team members and stakeholders; and (2) a short-term outcomes evaluation that relied on interviews with participating parents as well as reviews of Court and DSHS administrative records.

Since the general concept of family treatment courts is still evolving, and there is not yet any standard model or set of definitive "best practices" that have emerged from research (U.S. Dept. of Justice, 2004), the current process evaluation utilized a "theory-driven" evaluation approach that is based the theory of change for KCFTC. The evaluation was designed to assess and better understand the functions and processes that are involved in the KCFTC model and assess the success with which these functions and processes are actually being implemented. We also aimed to learn how effective the Court is perceived to be from the perspective of the KCFTC team members and key stakeholders associated with the dependency court system in King County. The overall goal of this process evaluation is to provide information that can be used to assess the KCFTC's strengths and needs for improvement, as well as document perceptions of effectiveness that can be used to sustain the program.

Overview of the report

In the following sections, we present the experiences and perceptions of KCFTC team members and stakeholders around the effectiveness of the KCFTC, success in adhering to its proposed processes and functions, and the adequacy of supports to the KCFTC model. After a description of the study methods, the Results section of this report will present:

1. Ratings of overall effectiveness of the KCFTC;
2. Ratings of the Court's success in implementing its proposed processes and functions;
3. Ratings of the Court's success in adhering to Best Practices in child welfare and drug courts;
4. Ratings of the Court's success in achieving short- and long-term outcomes;
5. Ratings of the Court's collaboration and teamwork; and
6. Responses to questions about KCFTC strengths and needs for improvement.

These results will be followed by a Discussion of the process evaluation's findings and implications. An Appendix is also included that presents full results to all questions asked of interviewees, including all responses to open-ended questions.

This process evaluation is one component of a larger evaluation that includes:

- A **data element and data collection assessment**, completed in 2005, which provided a review of potential variables to be considered for ongoing data collection and Management Information Systems. This report was intended to support both court functioning as well as performance measurement and evaluation and included a literature review and recommendations on the development of reliable methods for data capture and analyses.
- A **short-term outcomes evaluation** that will present results of interviews with parents and review of court, social services, and treatment records for KCFTC parents, compared to a matched sample of participants in the regular dependency court process.
- A **long-term impact evaluation design**, which will be informed by results of the process and short-term outcomes evaluation, data element and data

collection assessment, review of methodologies used nationally, and an intensive stakeholder feedback process.

- A **cost-benefit evaluation design**, based on all the above components and designed in partnership with the Washington State Institute for Public Policy (WSIPP).

The results of this process evaluation will ultimately be combined with the above components in a final report complete with more comprehensive implications and recommendations for both program improvement and sustainability, as well as future evaluation research.

METHOD

The primary method for the process evaluation consisted of interviews with 39 team members and principal stakeholders. Thirty-five individuals were initially identified through the KCFTC Program Manager as current team members or advisory group members. Five of these individuals were deemed not appropriate due to lack of current or recent involvement with the Court. During data collection, nine additional individuals were identified as appropriate participants either due to their position on the KCFTC team or by the KCFTC evaluation committee's recommendation. Interviews were conducted from December 2005 to April 2006.

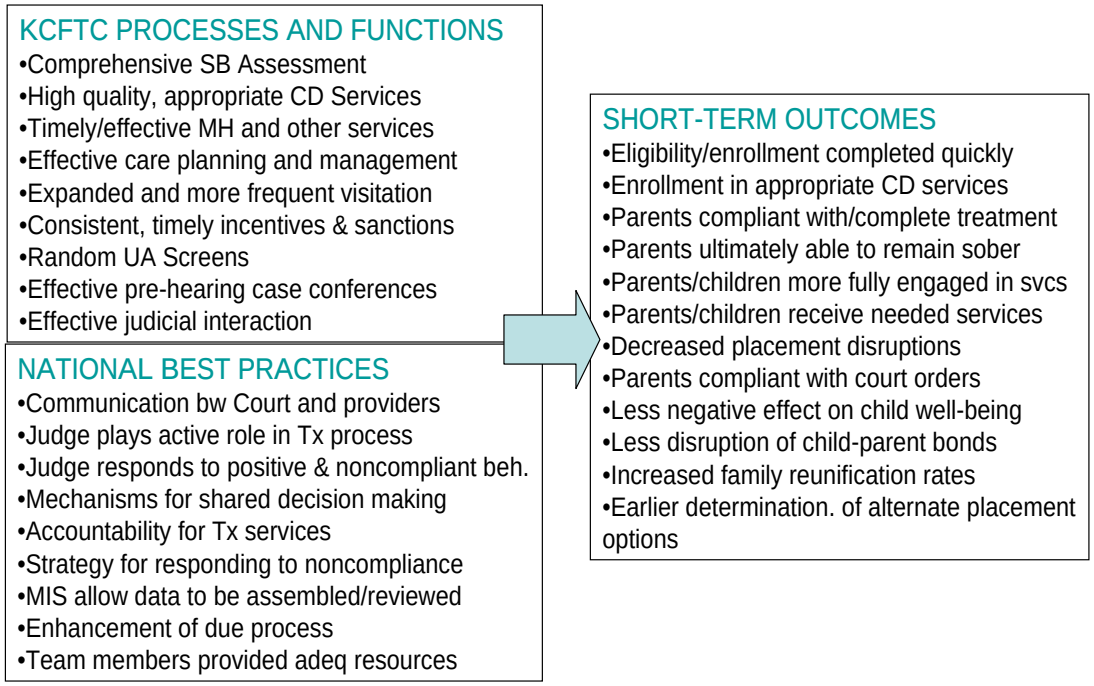
Interviews were conducted individually in private settings to ensure confidentiality. The interviews were structured and were approximately 60 minutes in length. Respondents were asked to provide quantitative and qualitative responses to questions organized in nine sections:

1. Respondent information
2. General questions about KCFTC goals, target population, and overall success
3. Eligibility and referral process
4. KCFTC process and functions
5. Adherence to best practices (child welfare and treatment courts)
6. Short-term outcomes
7. KCFTC teamwork and collaboration
8. Ratings of individual team members' effectiveness (team members only responded)
9. Open-ended questions on strengths, weaknesses, and areas for improvement

For the majority of the questions, respondents were asked to provide a quantitative rating of how successful the Court was in the specific area of concern. Respondents were then asked to provide an explanation or comment about the rating they gave. A series of open-ended qualitative questions were also administered that asked respondents to provide their overall perceptions of KCFTC strengths, weakness, and needs for improvement.

The areas assessed in the interviews were chosen based upon meetings and interviews with KCFTC staff and advisory members. Questions on KCFTC process and functions as well as the short-term outcomes were drawn directly from the KCFTC Logic Model and Theory of Change. A basic logic model that presents the areas assessed in interviews is presented below; the more complete logic model included in Court materials is included in Appendix A. Questions assessing

Simplified Logic Model used to design the KCFTC Process Evaluation interview protocol



adherence to national best practice standards were created based on a review of standards from the National Association of Drug Court Professionals Drug Standards Committee (1997), the Pew Commission's report on children in foster care (2004) and an interdisciplinary report on child welfare standards (American Bar Association, National Center for State Courts, and National Council of Juvenile and Family Court Judges, 2004).

For the majority of questions, respondents were asked to provide a rating describing how successful KCFTC was doing either in general or as compared to the regular dependency system (see Appendix B for response scales).

RESULTS

Part 1: Respondents

Respondents included a total of 39 team members and key informants. The number and percentage of each type of stakeholder or team member is displayed below. As shown, one quarter of respondents were advisory group members (whose profession and relationship with KCFTC varied widely), while another third were CASAs, attorneys, and DSHS social workers. The rest of the interviewees played relatively unique roles on the KCFTC, including judges, managers and supervisors, substance abuse treatment providers, and Assistant Attorney General.

Respondents (total N=39)

Respondent Type	N	%
Advisory Group Member	10	25.6%
DSHS Social Worker	4	10.3%
Court Appointed Special Advocate (CASA)	5	12.8%
Attorney (Parent or Child)	5	12.8%
Judge	2	5.1%
CASA Manager or Supervisor	2	5.1%
UW PCAP Representative	2	5.1%
Social Work Supervisor, Program Coordinator, Family Treatment Court Specialist, Wraparound Coordinator, Treatment Provider, Treatment Provider Supervisor, AAG, Other	1 Each	23.1%

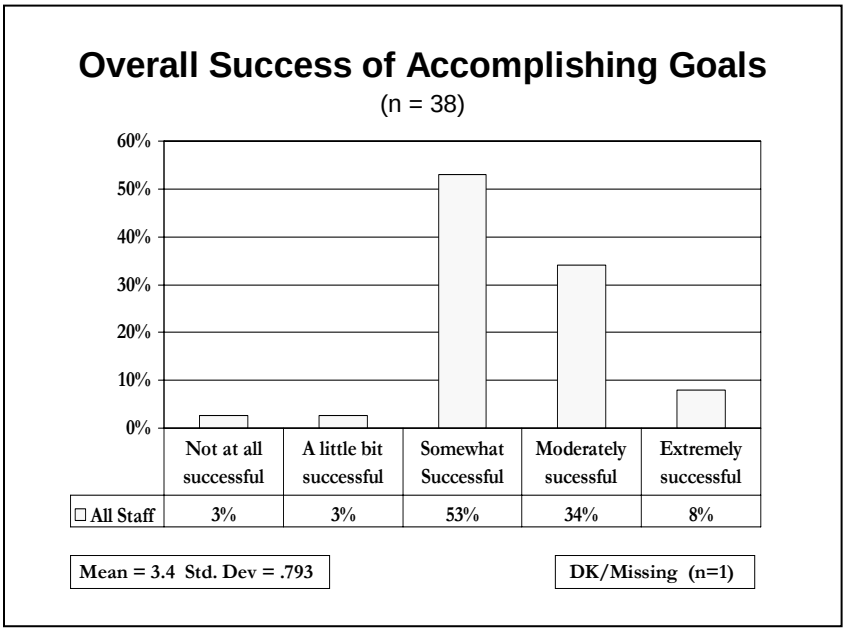
Respondents varied with respect to the amount of time they had been associated with KCFTC, with respondents having been associated with the court for an average of 22 months, but nearly a quarter of respondents having been working with the court for less than a year. On average, respondents had been in their current position for 4.5 years and working in their current field for 14 years (See Appendix for full results).

Part 2: Overarching questions

The first section of questions asked respondents overarching questions about KCFTC goals, target population, overall success, and the eligibility and referral process. The majority of these questions asked respondents to rate the extent to which the Court was successful in each area on a 1 to 5 scale, with 1 being the lowest possible rating ("not at all successful") and 5 being the highest rating ("extremely successful"). Full details of responses to all questions are provided in the Appendix.

Overall success

The majority (53%) of respondents felt that KCFTC was "somewhat successful" (rating of 3 out of 5) in achieving its goals. Thirty-four percent of respondents felt the Court was moderately successful (rating of 4 out of 5) and 8 percent felt that it was extremely successful (rating of 5 out of 5).



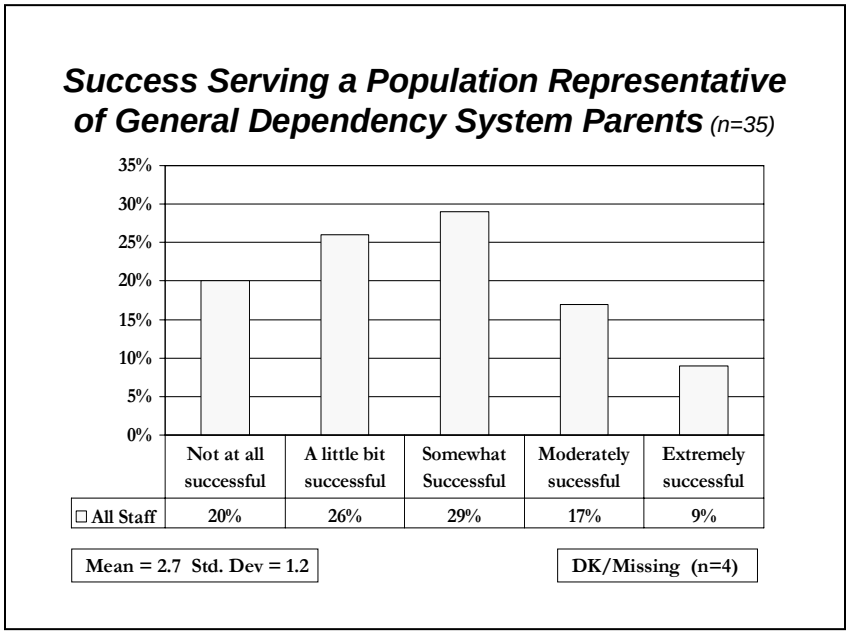
When asked to compare KCFTC with the regular dependency court process, the large majority of respondents (84%) felt that KCFTC was more successful than the regular system in addressing the overall goals, with a full 65% of respondents reporting that the KCFTC was at least "somewhat more successful" than the regular dependency court process.

However, there were differences in responses for those considered frontline staff (spending more than one day per week working with KCFTC or the families) versus stakeholders who were less directly involved with KCFTC (less than 1 day per week). Interestingly, of the frontline staff, only 24% felt that KCFTC was

"moderately successful" or "extremely successful" in accomplishing its overall goals. On the other hand, 48% of those spending less than one day per week with the Court rated the Court this highly.

Serving target population

A large majority of respondents (74%) felt that KCFTC was somewhat to moderately successful in serving its target population of families involved in the dependency court system due to issues of substance abuse. However, respondents were much less likely to perceive that KCFTC was successful in serving a diverse population of parents, one that is reflective of the racial and ethnic composition of the general dependency population, with only 54% giving a rating of somewhat to extremely successful. Interestingly, frontline staff considered KCFTC more successful at serving a diverse population than those spending less that 20% of their time with KCFTC or the associated families (see figure below).



Apparently, in terms of success in serving a population reflective of the general population of parents involved in the dependency system, those individuals spending more time directly with KCFTC see greater success. Qualitative responses provide some additional information regarding the opinions of staff and stakeholders on this issue (see Appendix for full details). Many respondents perceive there has not been success in serving families of color and that some of the specific reasons varied across cultural groups. For example, some responses suggested that African Americans were not being referred effectively, that the criteria of KCFTC leads to African Americans being less likely to meet criteria, and that there may be some belief by potential KCFTC applicants that participation in

KCFTC extends the dependency process. Factors specific to Native American families were also raised, such as a reluctance to work with non-Native American social workers.

Approximately 22% of the qualitative responses expressed the view that KCFTC was successful in serving diverse families or that it was successful in serving children of diverse backgrounds. Many respondents voiced that many children served by KCFTC are of African-American descent even if the parents (usually mothers) being seen in Court were Caucasian.

Eligibility and referral process

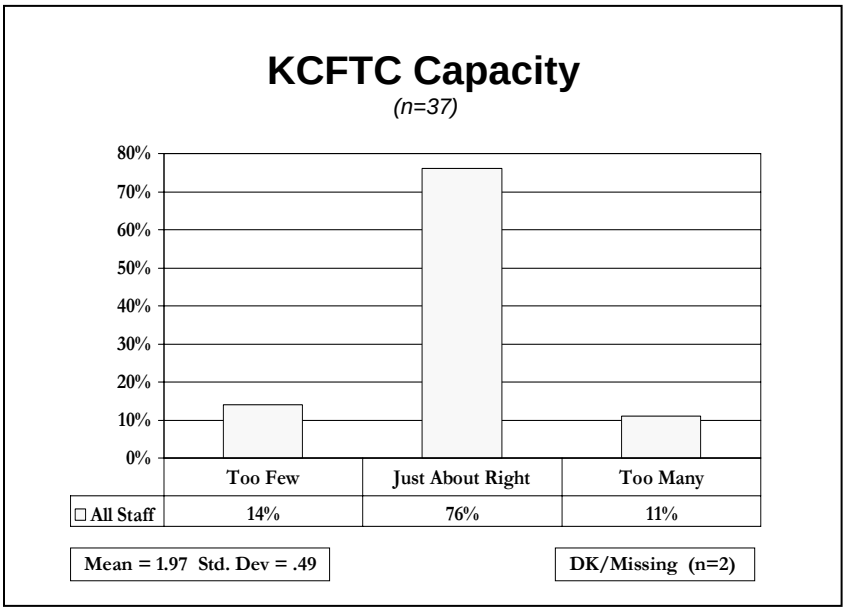
A final section of general questions asked respondents to rate and make comments about the referral and eligibility process of KCFTC. While 40% of respondents felt that KCFTC was not at all or only a little bit successful in achieving "early identification and prompt placement of eligible participants," 25% felt the program was somewhat successful and 34% felt that it was moderately or extremely successful. Analysis of the open-ended feedback component of this question demonstrates that respondents see multiple junctures at which the referral and eligibility process gets delayed or bogged down, to the point where it is "agonizing" for some families. These inefficiencies run the gamut from procedural issues, such as families being referred too early in their dependency process, to delays in determining eligibility (due to consideration of mental health issues, for example), to lags between initial staffings and the "opt-in" phase. Other respondents noted that some families are

Results of open-ended questions about KCFTC referral and eligibility process

THEME	Responses
Referral Process	25
Procedures and Guidelines Hold Up Placement	8
Simply Takes Too Long	6
Lack of Appropriate Referrals	4
Parents are Not Ready for KCFTC	3
Capacity Issue	2
Wait Listed	2
Identification Process	8
Time Delays Once Accepted into KCFTC	7
Between Assessment and Treatment	3
Assessments Not Timely	2
Time Between Assessment and Staffing of Case	2
Knowledge About Existence of KCFTC	5
Court Services are Prompt	1
No Response/Don't Know	7

not prepared to decide whether they wish to take part in the KCFTC. “There has to be a very clear way of explaining it to parents in early stages because it can be very confusing,” noted one interviewee.

Respondents were also asked to describe perceived differences between parents who end up participating in KCFTC versus those who do not. The most often-expressed difference was that families who ultimately participate in KCFTC demonstrated greater motivation and engagement. Other responses were that parents who do not participate ultimately do not meet program requirements (11 responses), with 8 respondents specifically mentioning mental health problems in referred participants as the issue that barred them from ultimately participating in KCFTC.



A final question in this section asked about KCFTC’s client load as compared to its capacity. A large majority (76%) of respondents felt that KCFTC’s current enrollment was “just about right” for its capacity.

Appropriateness of KCFTC Goals

Finally, after having reviewed the four formal goals of the KCFTC, respondents were asked to comment on their perception of the appropriateness of these goals as stated. Some respondents commented that they had never seen the goals of KCFTC described as written. About one-third did not see a reason to change anything about the goals. Another third voiced some concern about one or more of the 4 goals presented. Finally, about one-third of interviewees proposed additional goals that should be included.

Among the changes proposed for existing goals, respondents were most likely to critique Goal 4 (“the cost to society of dependency cases involving substances is

reduced"), with many stating that this goal would be difficult to achieve or evaluate in the real world, and that society should recognize the costs of intervening with families such as these. Several respondents also had issues with Goal 1 ("Ensure that children have safe and permanent homes within the permanency planning guidelines or sooner"), because of the challenges in meeting ASFA timelines while also remaining true to the intensive KCFTC model. About equal numbers of respondents had concerns about Goal 2 ("To ensure that families of color have outcomes from dependency cases similar to families not of color"), mainly because the Court was having such difficulty meeting this goal.

There were a wide variety of additional goals proposed in interviews. Several respondents voiced a need for a goal that was specific to the well-being of children. Several additional goals were proposed related to the philosophy of the Court, such as specific goals that the process be strengths based, holistic, humane, more engaging, and focus on high-quality treatment. Several interviewees also proposed system goals, such as gaining consensus or taking the KCFTC model to greater scale, such that it became "generalized to all court proceedings."

Part 3: KCFTC Processes and Functions

The 39 team members and stakeholders interviewed were asked about the Court's success in achieving a set of 12 core processes and functions proposed to be implemented in the KCFTC process. These questions asked respondents to rate the extent to which the Court was successful on a 1 (not at all successful) to 5 (extremely successful) scale, with 5 being the highest rating. The table below displays the average scores for all respondents in these 12 areas. Functions are ordered from least successful to most successful. As shown, mean ratings for all KCFTC processes and functions assessed fell roughly between 3.0 and 4.0, meaning that, on average, informants perceive that all these functions are being implemented somewhat to moderately successfully.

Summary of Process & Function Questions

Outcome	Mean
Timely/effective other services (parents)	2.97
Consistent, timely incentives and sanctions	3.00
Training and education for FTC staff	3.08
Comprehensive SB Assessment	3.08
High quality, appropriate CD Services	3.21
FTC staff collaboration with other agencies	3.42
Effective pre-hearing case conferences	3.45
Care planning and management	3.58
Timely/effective other services (children)	3.71
Expanded and more frequent visitations	3.73
Effective judicial interaction	3.74
Random UA Screens	3.94

Functions such as random UA screens, effective judicial interaction, expanded visitation, and timely and effective services for children received the highest average ratings (means of 3.71 to 3.94). These four areas were all at least .5 standard deviations higher than the mean score for all processes and functions, which was 3.41. Sixty-eight percent of respondents felt that KCFTC was moderately or extremely successful in having frequent and consistent random UA screens that aid in parent compliance and treatment progress while 31% gave a rating of a little bit or somewhat successful. Fifty-eight percent of respondents felt that KCFTC was moderately or extremely successful in having effective judicial interaction that is ongoing with each KCFTC participant, while 65% of respondents felt that KCFTC was moderately or extremely successful in providing

expanded and frequent visitation for families. Sixty-eight percent of respondents also felt that KCFTC was moderately or extremely successful in the area of children receiving timely and effective services and supports. (See Appendix for a full presentation of results.)

Four areas of relative weakness (those with mean ratings substantially below the mean for all items) were in the areas of (1) providing parents with mental health and other services (beyond chemical dependency services), (2) providing consistent and timely incentives and sanctions, (3) training and education for KCFTC team members, and (4) performing comprehensive strength-based assessments. Around the issue of providing services and supports to parents beyond chemical dependency treatment, 5% of respondents felt KCFTC was not at all successful, with 58% giving a rating of a little bit or somewhat successful. Ten percent of respondents stated that KCFTC was not at all successful with strengths-based assessments and 8% gave that rating for training and education of staff. Six percent of respondents said that the Court was not at all successful in providing consistent sanctions and incentives, with an additional 34% viewing only a little bit of success in this area.

Qualitative responses shed additional light on these four areas of relative weakness. For instance, a plurality of the 56 qualitative responses provided about parents getting timely and effective services (beyond chemical dependency treatment) focused on the lack of mental health services (17 responses) including assessments, treatment, the presence of a mental health specialist as part of the KCFTC team, and the availability of funding for mental health.

With respect to strengths-based assessments, 36% of respondents gave a rating of not at all or only a little bit successful, with many interviewees reporting that struggles in this area related to a lack of understanding of what a strengths-based assessment should consist of, or a model for how to do one. The majority of open-ended responses (33%) indicated a lack of having an assessment format or procedure in general, a need to tie the wraparound assessment for families to the initial strengths-based assessment, the lack of the assessment being

comprehensive, and the exclusion of mental health or substance abuse issues in the assessments.

In the area of sanctions and incentives, 40% felt that KCFTC was not at all or a little bit successful. Open-ended responses indicated that many respondents felt that there needed to be more consistency and clear policies on the use of sanctions and incentives. Some felt that incentives were used well (or too often), but the use of sanctions was less successful, with reports that the team struggles with how to use sanctions or uses them inconsistently, that the ones used have not been effective, and they need to be more predictable and timely.

In terms of the success in having high-quality, interdisciplinary training and education for KCFTC team members, 30% gave a rating of not at all or just a little bit successful as opposed to 39% who gave a rating of moderately or extremely successful. These ratings echoed the qualitative responses with 44% of the responses indicating a lack of quality training, a need for more ongoing training for the team, and a need for an orientation or introductory training for new team members. Thirty-one percent of the qualitative responses expressed the view that there was the opportunity for training and the available training (retreats, conferences, emails about resources and research) has been helpful.

Other interesting findings in the area of ***Processes and functions*** included:

- Although the mean score for the KCFTC function of "high quality chemical dependency treatment" was not among the lowest on average, 29% of respondents voiced that CD treatment was not at all successful or just a little bit successful. In open-ended feedback around this function, 60 statements out of 76 (79%) expressed a general or specific concern about CD treatment received by KCFTC clients. General statements (24 statements) typically voiced concerns about the overall quality of CD treatment received, that the treatment received was not individualized or client-focused, or that there were barriers to getting into treatment. At the same time, many respondents stated that treatment was likely better than in the regular dependency court system. Other categories of critiques about CD treatment were that treatment was not gender- or race-specific (6 statements), that better

integration with other services was needed (6 statements), that staff turnover and a lack of staff was a concern (7 statements), and that CD treatment was not delivered in a timely fashion. Eleven (14%) statements from respondents voiced that CD services were good or excellent.

- Though its average rating was not among the lowest, many respondents also voiced consistent concerns about pre-hearing case conferences. Of 57 statements recorded, 12 reported a need for better structure or efficiency, while 9 statements voiced a need for more time for conferences. Six statements implied that there was no clear purpose to conferences, while 11 statements voiced that case conferences are just generally not effective and need improvement.

Part 4: Conforming to National Best Practices

In addition to proposed KCFTC processes and functions, a set of questions asked respondents to rate the extent to which the Court was successful in achieving 12 national best practices in the areas of child welfare and drug court functioning. These questions asked interviewees to compare KCFTC's success in each of these 12 areas to the regular dependency system on a 1 to 7 scale, with 1 (much less successful) being the lowest rating, 3 being "about the same" as the regular dependency court system, and 7 (much more successful) being the highest possible rating.

Summary of Best Practices Questions

Outcome	Mean
MIS allow data to be assembled/reviewed	3.73
Accountability for treatment services	4.38
Mechanisms for shared decision making	4.45
Enhancement of due process	4.56
Team members provided adequate resources	4.63
Strategy for responding to noncompliance	4.79
Children kept safely in their homes when possible/appropriate	4.97
Children protected from abuse and neglect	4.97
Court providers maintain communication	5.33
Judge responds to positive and negative behavior	5.44
Judge plays active role in treatment process	5.50
AOD testing frequent in first months	5.68

The table presented here displays the average scores for all respondents on the questions rating the extent to which KCFTC has been successful in meeting best practice standards, as compared to the regular court. These practices are ordered from least successful to most successful. Overall, the averages for all areas are well above 3, with a mean score for all best practices questions of 4.87. This indicates that the respondents felt KCFTC was doing better than the regular system in all these best practice areas. At the same time, relative strengths and weaknesses can be identified.

Relative strengths (those areas which received ratings at least .5 SD above the mean) included having frequent alcohol and drug testing, the judge playing an active role in the treatment process, the judge responding to positive and negative client behavior, and the ability of the Court providers to maintain

communication with external agencies or providers. Eighty-four percent of respondents felt that KCFTC was somewhat to much more successful than the regular system in administering alcohol and drug testing during the first several months of enrollment. Similar results were found for the best practices of the judge playing an active role in the treatment process, the judge's responsiveness to participants' positive efforts and noncompliant behavior, and the Court's ability to maintain ongoing communication with providers and other external agencies. With respect to this last best practice, the primary reasons given for the higher ratings included having communication as a component of the KCFTC model, having constant emails within the team, having a high frequency of court interaction, and feeling that the communication was better in general than in the regular system.

Relative weaknesses included having a useful data management system, having accountability for treatment services, and having a mechanism for shared-decision making. Having an effective and useful MIS system received the lowest mean rating (3.73 on a 1 to 7 scale), with 54% of respondents stating the MIS system was about the same as the regular system. In open-ended responses, interviewees typically voiced that this was because the KCFTC had no true dedicated MIS system, and that one needed to be designed and deployed.

Another relative weakness was accountability for treatment providers. Though 44% felt it was somewhat to much more successful than the regular dependency court process, 52% of respondents felt KCFTC was less successful, about the same, or only a little bit more successful than the regular system in having accountability and quality controls in treatment services. Results of open-ended questions about this issue showed that 17% of responses indicated that substance abuse treatment accountability was definitely better than the regular dependency court process, but 44% of all open-ended statements expressed concerns about a lack of accountability or quality in substance abuse treatment services provided to KCFTC clients. Several respondents identified a need for independent quality checks and/or voiced that limited treatment options made accountability more difficult.

Six percent of respondents felt KCFTC was much less or somewhat less successful than the regular dependency court in having mechanisms for sharing decision-making and resolving conflicts among team members, with 49% giving a rating of about the same or only a little bit more successful. (Forty-five percent gave a rating of somewhat to much more successful.) Results of open-ended questions indicated that respondents believe KCFTC benefits from increased contact and collaboration among team members, but has struggled to determine the best way to implement team decision-making processes. One respondent said, "You have [mechanisms for shared decision-making in FTC, but are they good? There's a team but it's a question of how effective it is." Another respondent said, "Just having a team and staffing a case is an improvement." But another pointed out that "In one week we had 37 hours of meetings. We even had a meeting about meetings. There's not enough decision making – it's all process"

Other notable findings in the ***Best Practices*** section:

- Though ratings were high for judicial responsiveness for both noncompliance as well as positive behavior, there was a consist theme in open-ended questions (14% of all statements) that judicial interaction was too strengths-based and not adequately focused on administering sanctions. As one respondent put it, "there is reluctance to discuss problems or give out sanctions." Another respondent stated that "problem behaviors have been swept under the rug, not dealt with."
- Similarly, it is worth noting that 12% of respondents view KCFTC as less successful than the regular dependency court at responding consistently to non-positive UA results. Responses to open-ended questions indicate that interviewees see the KCFTC as being more capable of responding quickly, but that consistent standards for resulting sanctions are needed.
- Responses about the KCFTC's ability to meet the best practice of "children first and foremost being protected from abuse and neglect" were largely positive, with respondents viewing the greater intensity of the model contributing to this outcome. However, it is worth noting that six respondents commented that this goal may be compromised by the KCFTC model's focus on parents. As one interviewee said, "sometimes the focus is too much on

parents and we forget that there is a dependency and children involved and need to look at child... sometimes children are forgotten."

Part 5: Short-term Outcomes

In order to shed light on informants' perspectives of the effectiveness of the KCFTC, the interview posed questions about the success of the KCFTC in achieving 12 proposed outcomes of the Court. These questions asked respondents to rate the success of KCFTC as compared to the regular dependency system on a 1 to 7 scale, with 1 (much less successful) being the lowest rating, 3 being "about the same" as the regular dependency court system, and 7 (much more successful) being the highest possible rating.

The table below displays the averages for all respondents on the questions rating the extent to which KCFTC has been successful achieving its proposed outcomes, as compared to the regular court. Outcomes are ordered from least successful to most successful. In all 12 areas, which ranged from receiving needed services to longer-term outcomes such as reunification rates, informants rated KCFTC as being much more effective than the regular dependency court system, with scores well over 3.0 for all items and a mean score in this section of 4.90 ("somewhat better" than the regular system). It should be noted, however, that this set of questions resulted in the highest rate of missing data, as many interviewees stated that they could not yet evaluate the success of KCFTC in achieving these outcomes.

Summary of Outcome Questions

Outcome	Mean
Parents/child receive services they need	4.59
Ultimately able to be and remain sober	4.62
Earlier determination of alternate placement options	4.73
Increased family reunification rates	4.76
Parents compliant w/ court orders	4.78
Decreased placement disruptions	4.79
Less negative effect of child well being	4.81
Less disruption of child-parent bonds	4.92
Parents compliant with/complete treatment	5.03
Enrollment in appropriate CD services	5.22
Parents/child more fully engaged in services	5.27
Eligibility/enrollment completed quickly	5.30

It was also more difficult to identify relative strengths and weaknesses in this area, because of missing data and a more restricted range of scores across

outcome areas. Relative strengths included efficient identification and enrollment of eligible participants, engaging parents and children in services, and enrolling parents in CD services. Areas of relative weakness included getting parents and children the services they need, having the parent become sober and be able to remain sober, and having an earlier ability to determine if there is a need for alternative placement options. Notable findings in these areas are discussed below, with much more detail available in the Appendix.

First, 76% of respondents rated KCFTC as somewhat more to much more successful at fully engaging parents and children in the services they receive, compared to the regular system. The majority of open-ended comments in this area (57%) indicated reasons for success in this area, including the greater availability of team members to clients, lower case loads, the high frequency of participants' interaction with the Court, and increased accountability for providers and participants. Other respondents noted that this is a voluntary program, and thus program participants may already be more engaged, while other respondents voiced that the model of the Court itself, such as focusing on the whole family and the judge's interaction with parents, encouraged more engagement.

Seventy percent of respondents felt that KCFTC was somewhat to much more successful in enrolling parents in chemical dependency treatment that is appropriate in intensity and type for their needs as compared to the regular system. Twenty unique responses to open-ended questions about this issue pointed to specific aspects of the KCFTC model that encouraged this, including greater face-to-face contact with KCFTC team members, more frequent court appearances, and greater accountability being placed on participating parents. At the same time, a notable minority of respondents voiced concerns about the quality of treatment actually received.

The lowest mean rating (4.59 on a 1 to 7 scale) among the outcome areas was for parents and children getting the services they need to comply with court orders and meet their needs. While 44% felt KCFTC was somewhat successful to much more successful in this area, 57% of respondents felt KCFTC was about

the same or only a little bit more successful than the regular system. Examination of responses to open-ended questions suggests that many respondents are skeptical about KCFTC's ability to ensure greater access to needed services because services such as housing, employment assistance, and mental health are no more available for KCFTC families than regular dependency court families. Several interviewees suggested that the KCFTC needs to develop better relationships with community providers or develop a flexible funding pool to overcome such obstacles to needed services and supports.

A similar percentage of respondents (49%) felt that KCFTC was equal or only a little more successful than the regular system in the area of having the parent become and remain sober. An additional 24% could not answer this question because they said they could not yet evaluate the Court's success. Interestingly, though the mean rating was relatively low compared to other outcomes, examination of open-ended questions suggests that many interviewed believe the KCFTC model should ultimately result in greater likelihood of sobriety for participating parents. Factors contributing to this expected outcomes included greater frequency of appearance in court and intensity of the model overall.

Twenty-three percent of respondents felt that KCFTC was about the same or a little bit more successful in having an earlier ability to determine if reunification is unlikely and to develop alternative placement or permanency plans. 62% rated KCFTC as somewhat more successful to much more successful. For those who felt KCFTC was not successful in this area, they believed this was due to reasons such as resistance to termination and alternative placement options, a lack of training, and a tendency to be unrealistic about the issues.

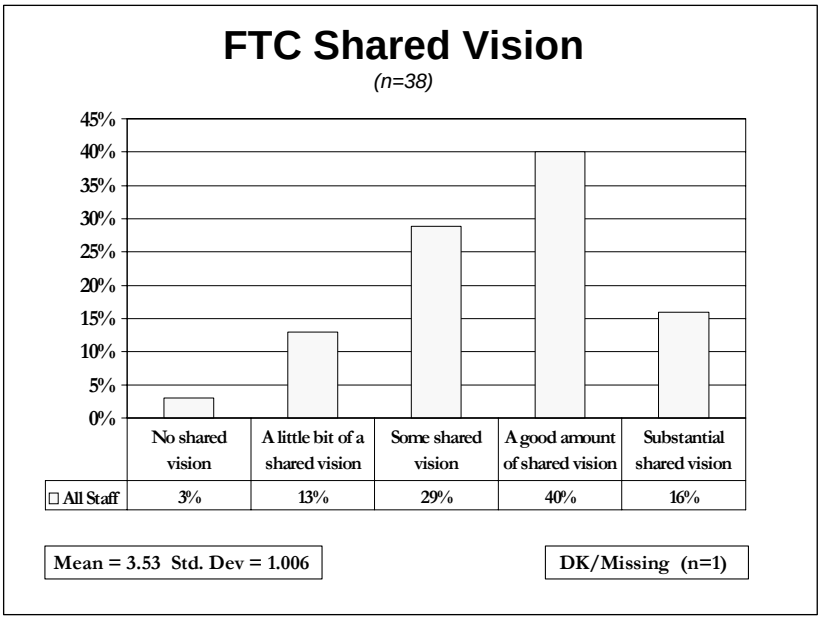
Other interesting findings in the area of ***Short-term outcomes:***

- Respondents gave relatively optimistic ratings of the KCFTC's success in reducing placement disruptions, the negative effects of dependency process to children's well-being, and the negative effects on the parent-child bond. All these proposed outcomes had mean scores of between 4.78 – 4.92, with the majority of informants believing KCFTC is at least somewhat more successful than the regular dependency court process in these areas. Results of open-

ended responses in these areas indicate that the intensity of the team process to determining a good placement and then overseeing each family's plan helps to reduce placement disruptions. Many informants cited more support to visitation as being a positive factor in reducing impacts to the parent-child bond and reducing negative impacts on the child's overall well-being.

- Intensity of the KCFTC process and frequency of court appearances was also cited frequently by informants as a reason that parents are more likely to comply with court orders. Sixty-three percent of informants said that KCFTC showed at least "somewhat" more success than the regular dependency court in this area. As one respondent put it, "It is a phenomenal thing I have seen for parents... a parent who has fallen off the wagon will show up for [KCFTC] knowing they will go to jail or inpatient – it becomes their life line."
- Though 66% of respondents stated they believed that KCFTC was somewhat more successful to much more successful than regular court at achieving family reunification, 11% of respondents did state that they believed KCFTC was less (4%) or only equally (7%) successful, and 12 of 39 interviewees said the jury is still out on this outcome and did not give a rating. Examination of open-ended responses indicates most respondents were generally optimistic that, ultimately, the KCFTC should show better outcomes. Several respondents said, however, that the selection of more motivated clients may ultimately drive positive outcomes seen in this area. Another respondent stated that the KCFTC model might actually slow down reunification: "In regular court we would have a review hearing each 90 days, and if she was clean, she would get her baby back, but in this court there is a list of more things she needs to do before she gets her baby back..."

Part 6: Teamwork, collaboration, and effectiveness



In this section, staff and stakeholders were asked to rate KCFTC's success on two key program components: (1) "Engaging in non-adversarial teamwork, in which team members know each other as individuals" and (2) The extent to which there is a shared vision among KCFTC team members. In addition, team members were asked to comment on how to improve collaboration and information-sharing. Complete results are presented in the Appendix.

Overall, 29% of respondents felt that there is "some shared vision" among KCFTC team members and 56% felt these was "a good amount" or "substantial" shared vision. Follow-up comments from informants indicated that for those who felt there was shared vision, many believed there was convergence on what the team members wanted for the clients, the KCFTC goals, and desired outcomes, but that the methods toward achieving the goals may vary across individual team members, depending on what agency they may represent.

Comments highlighted difficulties in team members having to balance their particular role with the team vision and a lack of well-defined roles on the team. Several respondents suggested that the team approach was well-intentioned but often led to many individuals "micro-managing" the treatment or planning processes, leading to inefficiencies. As one team member put it, "there needs to be recognition that some people have expertise in certain areas and we need to rely on their expertise and recommendations." In general, examination of open-ended responses suggested that the model is well-intentioned but challenging to implement, and that greater clarity (and perhaps training) is needed on how to achieve "non-adversarial teamwork" in a court process that includes many

diverse perspectives and mandates. Stated one interviewee: “There’s struggles and growing pains, but that’s to be anticipated.”

Many respondents voiced the need for more training and team development. “We don’t have teaching modules for people entering systems about team model. They have learned the adversarial model. So it is a constant struggle.” Another: “Most important [at this point] is to prepare people as they come in as new team members.” And, “[we have a] long way to go. Knowing each other would be nice – finding time and space to do that is tough especially given current makeup of the team – cant get to know providers, others are too busy to come to meetings.”

There also was a consistent report from some respondents that the team has not yet learned how to balance the team’s efforts toward the best interests of the child versus serving the identified parent. One team member stated that a non-adversarial process tends to permit more parent voice and less advocacy for the well-being of the child. “The child’s perspective doesn’t get enough attention. We lose in [a non-]adversarial system.” Stated another respondent: “The whole kid/parent issue is a major staff division.”

Other themes found in analyses of teamwork questions were differences in the view of permanency and reunification, and a concern about high turnover rates of staff. Many cited the stress of attempting to collaborate within the context of an inherently adversarial system. “A big problem is burn-out,” said one team member. “I [see] nothing but friction, a lot of burnout and turnover in staff and none of that can be healthy,” stated another.

At the same time, there were also approximately equal numbers of informants who expressed overall optimism. “We argue, but profoundly hold people accountable,” stated one. And: “We are all devoted to same process. We work together well. There are always unavoidable conflicts. We have to agree to disagree and let go.”

In sum, the majority of responses to questions about collaboration and information-sharing indicated that improving team building and role definitions would be most helpful. Respondents indicated that defining the roles and learning the specific duties and responsibilities of each role would improve collaboration. Many respondents felt that information-sharing needed to be improved, but there were differences about how to accomplish this. For example, some comments indicated a need for an increase in emails to all those involved in the case while others felt that there was an overuse of emails. A similar pattern was observed for meetings and team building exercises, with some seeing a need for more, while others strongly discouraged the idea of more meetings.

Nonetheless, there was consistent expression of the need for team members (new and old) to be exposed to some "ideal" family treatment court models, as those who initially formed the KCFTC were able to do. As one respondent stated, "We have to develop more time outside of the process of [administering] cases to develop the model. We have to deal with getting down to philosophical underpinnings of model. The original group met for over 1.5 years before they went to training. Then they were trained on just the model and did observations of other models… They saw where to collaborate. Training needs to be frequent and need to be facilitated by a trained person and needs to be a safe place to bring up issues and resolve conflicts."

Part 7: Strengths, Weaknesses, and Areas for improvement

In addition to each of the specific areas above, respondents were asked a series of open-ended questions assessing the KCFTC's general strengths, weaknesses, and areas for improvement. Respondents' qualitative answers for each question were broken down into individual responses, analyzed for content, and sorted into themes. Results are summarized below and presented in full detail in the Appendix.

Summary of Nominated Strengths of the KCFTC

THEME	N State-ments	% of Total (n=162)
KCFTC Model/Program Strengths	**44**	**27%**
Model Itself Facilitates Success	24	15%
Strength-Based Approach and Vision	9	
Wraparound	8	
General	7	
Scope and Intensity of the Program	11	
Accountability for Everyone	9	6%
Low Case Loads	6	
General	3	
Team Members	**34**	**21%**
Investment/Involvement/Commitment	19	
Quality of Providers and Treatments	15	
Court	**29**	**18%**
Frequency of Hearings/Proceedings	14	
Court Atmosphere – Positive	9	
Accessibility	5	
Presence of Team Member	1	
Collaboration	**26**	**16%**
Between Team Members	18	
In Decision-Making	5	
Team Members and Clients	3	
Participation	**19**	**12%**
General Participation of Families in FTC	13	
Establishes Relationship	5	
Promotes Reunification	1	
Treatment Providers	**10**	**6%**
Treatment Providers in General	5	
Individualized/Tailored Treatment	5	

Strengths of the KCFTC

In response to the question regarding the greatest strengths or promising practices of KCFTC, the broad themes that were identified included (in order of frequency): (1) the model/program overall, (2) team members, (3) the Court, (4) collaboration, (5) participation, and (6) treatment providers. However, many sub-themes emerged and specific comments further expanded on the general themes.

With respect to strengths, many respondents simply endorsed the **overall KCFTC model**. As one respondent put it, "It is a good social work model, if we could apply this to any issue with kids it would be successful." As for specific aspects of the model that were endorsed, perhaps the most consistently expressed strength was the model's intensity. Respondents enthusiastically endorsed the low caseloads, frequency of hearings and proceedings, and the fact that team

members can collaborate between court appearances. One respondent said, “We are a team and will come together and debate an issue as a true team and helps us look outside the box – that is huge.” Other specific strengths of the KCFTC that were mentioned included the strengths-based nature of KCFTC (9 statements), the use of the wraparound process (8 comments), and the accountability inherent in working as a team.

In addition, the **commitment, quality and intensity of effort by individual team members** was mentioned in 34 statements. Some of these statements are listed below:

- “This is a great team that comes with a lot of relevant experience and strong desire to make a difference...”
- “Everyone is coming with a good heart willing to do right thing for parents and kids...”
- “This is a tremendously dedicated group that wants to be successful.”
- “Impressive supervisors and case workers who have been able to keep people coming back.”

Many respondents also mentioned the **model of teaming with parents** to meet their holistic needs (19 statements). “FTC engages the client from the outset and develops and intervention for their specific needs,” stated one informant. Finally, the **quality of treatment** providers was mentioned in 10 statements. “We have treatment providers who have broad experience and breadth of programs, multiple services available to clients,” stated one respondent.

Relative Weaknesses

As demonstrated in previous sections by the high average ratings of KCFTC processes, functions, and proposed outcomes, informants were overall extremely positive about the KCFTC, and the tenor of interviews overall was highly positive. At the same time, during interviews, informants were highly focused on providing critiques and feedback that would be able to be used to improve the program. To illuminate the most urgent areas for improvement, informants were asked to nominate the **greatest challenges or weaknesses of the KCFTC**. In

addition, a combined analysis was conducted of the final three questions in the KCFTC process evaluation interview:

1. Do you feel there are any gaps in tangible resources, such as space, computers or MIS, or access to training, that need to be addressed in order to make the KCFTC more successful?
2. What administrative or system barriers exist that need to be addressed to make the KCFTC more successful? and
3. Overall, what changes would you like to see happen, that you think would improve the program? What do you think would make the program more effective?

As shown in the Table on the following page, respondents most often expressed issues having to do with **teamwork** as the primary weakness of the KCFTC, with 48 statements out of 131 that were recorded (37%) falling into this category. Within this category, concerns about the clarity of the team concept was the most often expressed subtheme, including statements on team roles (e.g., "Learning to balance definitive roles and collaboration and not infringing on someone else's role") and team stability (particularly turnover and the lack of dedicated staff in some roles to the KCFTC). Team cohesiveness was also mentioned frequently, with interviewees offering statements such as: "How do you make a 'team' out of all these people with different legal and ethical responsibilities? It's feasible but it's a challenge – how do you not make it a personal attack?" and "We aren't a true team there are too many adversarial staff sometimes - not as solid of a team that should be presenting to clients."

Respondents also pointed to issues of team **communication**, particularly between team members. Comments in this area were directed both at how to most efficiently communicate in team meetings so that input is "streamlined," and also how to ensure that team members are not "talking behind people's backs." Other team issues included the need for more and better education and training, and better organization of the team's work.

Summary of Nominated Weaknesses of the KCFTC

THEME	N State-ments	Percent of Total (n=131)
Team Members Issues	**48**	**37%**
Team Concept	16	12%
Team Roles	10	
Team Stability	4	
Team Member Involvement	2	
Cohesiveness	12	
Communication	11	8%
Between Team Members	9	
With Treatment Providers	2	
Education and Training	3	
Organization/Management	2	
Outcomes	2	
Treatment	**31**	**24%**
Choice of Providers	12	9%
General Choice	9	
Individualized	3	
Quality of Treatment	6	
Miscellaneous Remarks	5	
Inpatient Treatment	3	
Timeliness of Service Not Good	3	
Stability of Providers	1	
Equality for all Clients	1	
Approach/Vision of Program	**19**	**15%**
Clarity of Vision/Mission	8	
Focus Needs to be on Child	6	
Strength-Based	5	
Clients/Families	**13**	**10%**
Selection/Referral Process	5	
Level of Engagement	4	
Educating Clients	2	
Visitations	1	
Other	1	
Court	**9**	**7%**
Rewards and Sanctions	6	
Court in General Needs Work	3	
Financial Considerations	**6**	**5%**
Accountability	**5**	**4%**

The second most oft-expressed weakness of the KCFTC centered on **treatment concerns**, with 31 statements (24%) recorded in this area. Many comments in this area reflected concerns about KCFTC's ability to provide choice and individualization in chemical dependency services, both to the types of treatment needs, as well as individualizing based on ethnicity and gender. Other respondents expressed concern about the quality of CD treatment that was available to clients, its timeliness, and the lack of availability of specific types of treatment, including inpatient treatment.

The third most oft-expressed weakness of the KCFTC, in the eyes of these respondents, was a **lack of clarity around the model** or **deficiencies in the model** overall. The most common concern about the model overall was that there is too much focus on the parents and not enough attention on the needs and well-being of enrolled children. A close second behind this issue was concern about the "strengths-based" principle of the KCFTC, most saliently that the team didn't understand how to achieve this principle, or that strengths were being overly attended to. As one respondent put

it, “We want [parents] to succeed so much that it’s hard to be straight with parents about their deficits.”

In addition to these concerns about the model itself, many comments addressed the question of clarity of the model and its procedures, both within the team, as well as for clients and external stakeholders. Several respondents voiced the need for a clear written handbook about the KCFTC model for enrollees and potential clients, while another respondent was concerned that materials be prepared for external stakeholders.

Additional areas of concern that were nominated included:

- **KCFTC Participants.** Informants voiced that referral selection issues are a challenge, including enrolling parents that are likely to succeed, and ensuring that a more diverse client base is referred and enrolled. Others stated that the low engagement level of many parents is a weakness that strains the court.
- **Court processes** that were most of concern were consistency of incentives and sanctions. Others voiced concerns about political will in Court leadership to support KCFTC and the consistency of judicial leadership.
- **Financing** issues were raised as weaknesses of the court, most prominently that the Court needed a sustainability plan, including demonstrating long-term costs-savings so the case could be made to continue or expand the program. As one respondent stated, we need to be “institutionalizing KCFTC so it could be an expected practice, and seen as a model the legislature could understand and support.”

Areas for Improvement

In order to best capture the nominated areas for improving the KCFTC, responses to three open-ended questions from the interviews conducted with the 39 team members and stakeholders were combined into one analysis. This resulted in a total of 250 statements discussing potential ways to improve the Court. Priority areas for improvement (summarized in the Table on the next page) were similar to the major themes presented in previous sections, with

treatment issues, client-related needs, team collaboration and communication, and funding issues being the most frequently expressed areas for improvement.

Treatment issues. Forty-four of the 250 comments coded cited need for improving treatment provided to clients. Similar to the themes described in the previous section, interviewees cited a need for greater individualization of chemical dependency services, greater quality of these services, and a need for an expanded array of options for clients, both with respect to treatment modality, as well as tailoring to gender and cultural issues. Several respondents gave the specific suggestion that there be more ability to cultivate relationships with multiple providers in the community. Several other respondents mentioned a need for better coordination of CD services from the KCFTC, or the need for a case manager in this area.

Other treatment issues that were referenced included the need to better cultivate relationships with high-quality mental health providers, the need to more consistently implement wraparound team meetings in a way that are comfortable for all participants, and a need for more inpatient chemical dependency services.

Client-related needs. About an equal number of statements were coded citing needed improvement in KCFTC's ability to meet clients' needs. Most often expressed were the need for more housing assistance and better resources and flexibility to support visitation. Also mentioned were the need for assistance in transportation for clients and the need for day care at court. Other related statements included four statements about the need to better focus on the needs of children, concerns about better screening and intakes, and a need for better outreach to potential Native American client families.

Summary of Interviewees' Needs for Improvement of the KCFTC

THEME	N State-ments	Percent of Total (n=250)
Treatment Issues	**44**	**18%**
General	20	
Choice of Providers	16	
Wraparound	4	
Inpatient Treatment	2	
Strength-Based Approach	2	
Client-Related Needs	**43**	**17%**
Resources and Services	31	12%
Housing	13	
Visitations	12	
Transportation	4	
Day Care	2	
Focus on the Child	3	
Selection	3	
Outreach	2	
Miscellaneous	2	
Support	1	
Outcomes	1	
Communication & Collaboration	**38**	**15%**
Team Building	21	
Staffings	5	
Wraparound	5	
General	5	
Uniformity	2	
Funding Needs	**33**	**13%**
General Funding Needs	24	
Expansion	4	
Incentives for Clients/Families	3	
Donations	2	
Training Needs	**29**	**11%**
No Time or Money for Training	13	
About the Program Specifically	11	
To Facilitate Cooperation	5	
FTC Procedures	**23**	**9%**
Established Policy	11	
Organization	7	
Other	5	
Technology	**19**	**8%**
MIS	13	
Computers	6	
Administration	**12**	**5%**
General Administrative Comments	7	
Support to the Team	5	
Time	**8**	**3%**
Better Use of Time	5	
Time Constraints	3	
No Response/Don't Know	**11**	**5%**

Collaboration and communication. Within the broad category of communication and collaboration, 21 statements were coded around needed improvements in the team building that occurs with KCFTC. These comments were very diverse and ranged from internal team building that is needed, to a number of partnerships with external entities that need to be built (e.g., administrators at the Superior Court, community-based organizations, provider organizations). Staffing issues, including the frequency of staffings and who appears at staffings were also nominated for improvement. More consistency and uniformity in the process of holding staffings and discussing clients was expressed by several respondents. Finally, several directive comments were made about the nature of communication on the court. One informant offered this specific

suggestion: “We need a good mediator of communication and problem-solving when things go wrong – more investing in this would be helpful.”

Funding. Funding issues were expressed in 33 statements (13% of all statements). Many of these statements voiced a need for additional funding for all aspects of the KCFTC program, with others specifying certain types of services, supports, and resources that are needed, such as:

- Visitation;
- “trainings for chemical dependency, Wraparound, childhood trauma – things that directly effect clients;”
- administrative support;
- case managers;
- child support;
- treatment; and
- “parties, incentives, and other activities that the grant should be able to provide as part of this process.”

Other statements related to funding suggested that there be an account set up for donations for resources such as incentives. Finally, several respondents voiced the need to secure funding to expand the program, while one respondent offered a related suggestion: “Why does FTC get more resources? My vision for Family Treatment Court is off but these practices … should happen for all families.”

Other areas for improvement that were nominated included:

- A need for **training**, most importantly orientation for new team members, orientation for new families, training on strengths-based assessments, and training on the “philosophical shift” inherent in KCFTC. One representative quote about training was offered thusly: “New people coming in had a lot of questions that were answered on the run – seemed confused about the process – I assumed that none of the [team members] received team training at the beginning.”
- More **consistency on logistics and policies**, including incentives and sanctions, responding to positive UAs, discharge criteria, and applying

ASFA guidelines. One informant presented this suggestion: “Let’s see logistics improve: reports, manuals, handbooks, policies, updated data and email ... 18 months in and we don’t have a handbook?

- **Better scheduling and court calendaring**. One interviewee noted “I sit in court for 6 hours even if I only have 1 case.” More time for staffings was also expressed as a need.
- The need for **better management information systems** (MIS). Informants specifically mentioned the need for computerized record-keeping that could maintain client statistics in a way that could be accessed easily and track client outcomes for both case planning and evaluation. Several respondents stated that greater access to computers by all KCFTC staff was needed.
- Finally, a number of interviewees voiced a need for greater **support from Court administration**. Specific suggestions included: (1) greater support generally from higher-ups in Superior Court, (2) more credit given to KCFTC for its successes, (3) more administrative support to the program administrator, and (4) better administrative support to the CD providers from their home agency. Several respondents also offered the specific need for greater administrative support around the issue of improving CD treatment quality. One respondent stated, “we need a real relationship with MHCADS where the court is viewed as the customer.”

DISCUSSION

Summary

The results of this process evaluation of the KCFTC indicated that team and advisory group members were generally very enthusiastic about the program and its success and potential for success. The group felt that KCFTC was generally successful in accomplishing its proposed goals and in serving its target population. An overwhelming majority of staff and advisory members felt that KCFTC was at least a little bit more successful than the regular dependency court at achieving its outcomes, with most team members and stakeholders stating that the Court was substantially better at achieving its stated goals and core outcomes than the regular dependency court. Interestingly, individuals outside the core team that served KCFTC families (e.g., KCFTC advisors, dependency court officials, and Superior Court administrators) were most likely to view the KCFTC as more successful than the regular court. Half of these stakeholders viewed the court as "moderately" to "extremely successful" as achieving its goals.

Though there was nearly unanimous praise for the KCFTC's ability to serve the target population better than the regular dependency court, respondents generally felt the Court was not as successful in serving a population that was racially and/or ethnically representative of the regular dependency population. There was some interesting discrepancy in this opinion: Team members and those who spend more than one day per week associated with KCFTC viewed the Court as more successful in serving a diverse population than other stakeholders and advisors who spend less than 20% of their time with the Court.

Respondents were also mixed in their opinions as to the success in the referral and eligibility process with a range of procedural issues being noted as potential barriers to more effective and efficient processes. The group, however, overwhelmingly agreed that the current caseload of KCFTC was appropriate.

Summary of Key Findings
➢ 84% or informants believe the KCFTC is at least "a little bit more successful" than the regular dependency court at achieving outcomes ➢ Overall, 95% of respondents believe the KCFTC has been at least "somewhat successful" overall ➢ Advisors and those with less overall contact with KCFTC participants gave higher ratings ➢ Respondents less confident that goal of serving a representative population is being met ➢ Respondents overwhelmingly believe current client load is about right for capacity ➢ Mixed opinions on the amount of shared vision among team members

In addition to the generally positive appraisals of KCFTC overall, respondents rated most of KCFTC's specific functions as being successfully implemented and proposed outcomes as being achieved. Average ratings for all 12 core processes and functions that are part of the KCFTC model fell into the somewhat to moderately successful range. Respondents, on average, felt that KCFTC was doing better than the regular system in all 12 national best practices in the areas of child welfare and drug court functioning. Similarly, respondents overall felt that KCFTC was doing a somewhat better job in achieving the 12 proposed short-term outcomes as compared to the regular system. Given these high ratings for these individual components of the KCFTC logic model, the best use of these data may be analysis of relative strengths and areas for improvement.

Relative strengths

In terms of **functions and processes**, areas of strength that were noted included:

- Random UA screens
- Effective judicial interaction
- Expanded and frequent visitation for families
- Timely and effective services and supports for children

Those **national best practices** that were deemed relatively more successful, as compared to the regular dependency system included:

- Frequent alcohol and drug testing

- The judge playing an active role in the treatment process
- The judge responding to positive and negative client behavior
- Ability of the Court providers to maintain communication with external agencies or providers

Finally, **short-term outcomes** that emerged as strengths, again as compared to the regular system, were:

- Efficient identification and enrollment of eligible participants
- Engaging parents and children in services
- Enrolling parents in CD services

Responses to the **open-ended question** about strengths and promising practices indicated that many interviewees strongly endorsed the KCFTC model overall, and many philosophical and functional aspects of the model. Specifically, respondents praised the model's strength-based approach and vision, its scope and intensity, and the increased level of accountability for both staff and clients. Respondents supported the low caseloads, high frequency of court hearings and case-related meetings, and opportunity for team collaboration. In addition, team members were viewed as dedicated and involved – a major strength. Other strengths included the high level of participation of parents and families in the process as well as the availability of quality treatment and individualized treatment services.

Relative weaknesses

In addition to relative strengths, weaknesses emerged in the specific areas of functions, practices, and outcomes. **Functions and processes** that were identified as relative weakness included:

- Providing parents with mental health and other services (beyond chemical dependency services)
- Providing consistent and timely incentives and sanctions
- Training and education for KCFTC team members
- Performing comprehensive strength-based assessments.

National best practices that were rated relatively less successful, as compared to the regular dependency system:

- Having a useful data management system

- Accountability for treatment services
- Mechanisms for shared-decision making

Finally, KCFTC was viewed, when compared to the regular dependency system, as having weaknesses in the **short-term outcomes** of:

- Getting parents and children the services they need
- Having the parent become sober and be able to remain sober
- Having an earlier ability to determine if there is a need for alternative placement options

The **open-ended question** assessing respondents' opinions of weaknesses in the KCFTC indicated that problems related to teamwork is the most common concern. Challenges in the area of teamwork included team concept (clarification of team roles, stability of team members, member involvement), team cohesiveness, team communication, and education/training issues. Another broad area of concern was related to treatment services. The most common issues related to lack of choice in treatment provider, ability to provide individualized services, and concern about service quality.

Teamwork and collaboration

Though many challenges were nominated, overall, respondents voiced that the KCFTC was successfully achieving its goals around teamwork and collaboration. Respondents reported a good amount of shared vision among the KCFTC team members, and that KCFTC was moderately successful in achieving non-adversarial teamwork. Respondents felt team members shared a vision for what they wanted for clients, the goals of the Court, and desired outcomes. While the vision may be shared among many of the team members, respondents felt the methods to achieving the vision differed, often stemming from individual role or agency affiliation. Issues related to role definitions and responsibilities emerged as a consistent concern. Respondents clearly voiced the opinion that team-building and interdisciplinary training would enhance the team's effectiveness and success.

Needs for improvement

While many felt that KCFTC has been an improvement from the regular system, fairly consistent reports were provided about areas of needed improvement. Four areas for needed improvement were consistently identified by respondents:

- Treatment issues
- Meeting clients' and families' needs
- Communication and collaboration
- Funding.

Respondents felt that there needed to be more individualization of treatment services, an increase in treatment options in response to diverse client needs and backgrounds, including access to inpatient chemical dependency treatment, the ability to utilize a range of treatment providers, increased coordination of services, the need to involve high quality mental health providers, and the need for consistent wraparound meetings.

Client needs that were deemed to need improvement primarily involved increased resources and services such as housing, transportation, and visitation. In terms of communication and collaboration, the greatest need was seen for team building. Finally, respondents felt additional funding was needed for the KCFTC program overall as well as for specific services, supports, and resources such as visitation, trainings, and administration.

Though not among the top four nominated needs for improvement, other major areas for needed improvement that were nominated included training, consistency on logistics and policies, better scheduling and court calendaring, better management information systems (MIS), and greater support from Court administration

Implications

The current process evaluation is one component of a more comprehensive evaluation that will also survey KCFTC participants about their perceptions of the success of the KCFTC and the outcomes they have experienced. Thus, this report should be viewed as providing one set of implications that will be augmented as additional data is collected.

Most saliently, the overwhelming positive response by team members and stakeholders highlights a general consensus that KCFTC is successfully providing an alternative court system for those families in the dependency process stemming primarily from drug and alcohol abuse issues. The results suggest that respondents generally feel KCFTC is achieving success in its proposed outcomes and the processes, functions, and practices utilized to achieve those outcomes. Such findings should be viewed as an initial indication of the potential for positive impact of the KCFTC.

At the same time, constructive critiques and feedback by those interviewed clearly implied a number of areas could be enhanced and improved. Given that one of the primary goals of this evaluation was to focus on potential areas for improvement, areas that consistently emerged are provisionally highlighted.

Non-adversarial teamwork. Working as an interdisciplinary team with shared vision and goals has been an essential element of KCFTC, but is one in which the team and stakeholders feel could be improved. While the ratings of success in achieving a non-adversarial team process were fairly high in general and a majority of respondents felt that team members held a shared vision, needs for improvement in this area were clearly noted across multiple areas of assessment. Having mechanisms for shared decision-making and resolving conflicts among team members was a relative weakness as compared with success in other best practices. While respondents lauded the frequency of staffings, hearings, and communication across members, there was concern about the efficiency and effectiveness of information-sharing and shared decision-making. Some acknowledged that adversarial relationships are to be expected given the different roles and responsibilities of individual team members. The criticisms voiced by respondents reflect the difficulty of incorporating diverse agencies and staff into one team as well as the challenges individuals face when trying to work both within the KCFTC team and their own organization.

Respondents stated that one of the problems in achieving more of a shared vision was related to individual roles and the idea that some team members held

more of either a parent-focused or child-focused viewpoint. Respondents also identified improving role definitions as an area that could enhance collaboration and information-sharing. Issues related to team members, including role issues, were common themes identified by respondents as an area of weakness or challenge for KCFTC. Apparently there is a need to improve teamwork, collaboration, information-shared, decision-making, and mechanisms for conflict resolution. Respondents felt that additional training might be able to address these teamwork issues and that the training thus far had not met their needs. Several team members noted that original developers of the KCFTC model had gained an opportunity to see model family courts in operation, whereas the majority of current members had not. Finding opportunities for such experiences might be a priority for administrators. Team members also noted a lack of training or orientation to the KCFTC model for new team members, and a lack of a manual for parents and others who want to learn about the KCFTC model.

Treatment services. Results also implied a need to address issues surrounding treatment services. While some processes and outcomes related to the area of chemical dependency received high ratings, others gave chemical dependency treatment services mixed reviews. Processes that were viewed as relative strengths included frequent alcohol and drug testing and the use of random UA screens. While the outcome of parent enrollment in appropriate chemical dependency services was a relative strength, many respondents viewed the current procedures as lacking in individualization to the needs of participants. Overall, treatment issues were nominated as the second greatest weakness, behind team member issues. It appears there is a need to come to a consensus about what types of chemical dependency and other treatment services would best serve KCFTC's families because while some view treatment services as superior to the regular system, many feel there is a need to have increased quality, flexibility, and accountability.

Getting to outcomes. Many staff and stakeholders expressed the view that KCFTC was successful in general as related to its stated goals to:

- Ensure that children have safe and permanent homes within the permanency planning guidelines or sooner,

- Ensure that families of color have outcomes from dependency cases similar to families not of color,
- Ensure that parents are better able to care for themselves and their children and seek resources to do so, and
- Reduce the cost to society of dependency cases involving substances.

At the same time, respondents often expressed the view that KCFTC was still relatively new, served a small number of families, and was evolving. Many comments from respondents pointed to the need for a greater "ownership" of the KCFTC by the courts and DSHS systems, and greater connection to the broader service system context, in order to ensure the Court has the best opportunity to impact families in the dependency system. Limitations in the overall service system (e.g., housing and mental health services), restrictions in needed DSHS resources (e.g., for visitation), and the lack of extensive connections to community-based agencies that might provide resources for clients, were all noted as barriers to making KCFTC's promising model achieve its promise.

In addition, a number of respondents felt that they did not have enough information about outcomes for families either for KCFTC, the regular dependency system, or both from which to form an opinion as the success KCFTC was achieving in comparison to the regular system. Given that having a useful information management system was rated the least successful of the best practices, these results imply that a dedicated MIS or some consistent, timely method to track and analyze data for those families in KCFTC would be helpful for staff and stakeholders as an ongoing method to self-monitor success.

Conclusion

The creation of KCFTC was originally envisioned to promote the welfare of children in the dependency system by actively addressing parental substance abuse and other service needs of families. The intention was to effectively respond to the needs of families by collaborating across disciplines using a more intensive and non-adversarial approach. While the results indicated that many felt KCFTC is a better alternative for the families it serves than the regular

dependency system, areas of weaknesses and needs for improvement clearly emerged. Areas of challenge and needs for improvement are expected for and indicative of a newly developed, dynamic, growing program and imply that efforts toward improving KCFTC should continue.

The next stage of research involving interviews with parents and reviews of court and DSHS records will offer an interesting comparison to team member and stakeholder perspectives on the success of KCFTC. Parents from KCFTC and the regular dependency system will have the opportunity to rate a number of the same proposed processes, functions, and outcomes that KCFTC staff and stakeholders rated. In addition, parents will provide opinions about the services and supports they received during their dependency case. While clearly KCFTC team members and stakeholders felt that the KCFTC model offers a superior alternative to the regular system, evaluating the views of parents in both types of court will offer further information about KCFTC's relative effectiveness. Reviews of records will offer an objective measure of issues around timeliness of the dependency process and receipt of treatment services.

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APPENDICES

Appendix A

King County Superior Court, Family Treatment Court Program: Logic Model

Resources	Activities	Outputs	Short-term Outcomes	Long-term Outcomes	Goals
• Judge • FTC Program Manager • DCFS Court Unit • FTC AAG • Parent's Attorney • Child's Attorney • FTC Social Worker • Staff doing full CD assessment • Treatment provider • CASA • Judge's Bailiff • FTC admin. ass't • Courtroom clerk • FTC policies & procedures • Related disproportionality projects • Matrix of goals, expectations, and requirements for advancement in FTC with 3 levels • Graduated sanctions & incentives • 50 children • Parents of 50 children	• Ensure legal rights for parents and children are protected • Integration of parental CD treatment and enhanced judicial oversight and accountability into traditional dependency case process • FTC eligibility assessment • CD assessment • DCFS comprehensive, strength-based assessment of parents and children • Provide services based on DCFS assessment • CD treatment • Random UAs • Expanded visitation • Overall case mgmt- FTC program mgr. • Case mgnt by each FTC team member in their area • Interdisciplinary training for FTC team • Non-adversarial participation by FTC members in supporting parents efforts for sobriety and family reunification • Preparation of progress reports • Pre-hearing case conferences • Create MOUs with each FTC team member's role and responsibility • Establish and follow communication protocols for FTC team • Court hearings • Provide incentives & impose sanctions • Program graduation • Program expulsion • Create links to providers & community to better serve client needs	• Eligibility for FTC, CD assessment, and treatment program enrollment completed quickly • Written progress reports by treatment provider and DCFS prior to each case conference • Pre-hearing case conferences before every review hearing • Case review hearings every other week at Level 1; every other week to monthly at Level 2; and monthly to every 6 weeks at Level 3 • Sanctions/incentives addressed at next court hearing after notification • Parents of 50 child-ren receive CD tx • 50 children and their parents receive effective and timely ancillary services based on assessment • Parents of 40 children graduate from FTC • Individualized service and safety plan tailored to needs of each family	• FTC participants reflect the race, ethnicity, age and gender of the general population of parents involved in DCFS dependency cases • Increase number of parents with chemical dependency issues that are screened, assessed, and timely placed in the most appropriate treatment modality • Increase parents' rate of enrollment in tx • Increase parents' CD tx compliance rates • Increased rate of completion of tx • Decreased rate of re-entry into treatment • Increased assistance from FTC team to provide parents/children with services to comply with court orders, court-ordered services, and access to other needed services. Services may include: Individualized service plan for each child; Housing for children and parents; Health, mental health, and dental care for children and parents; Parenting education; Job training • Increased rate of parents' compliance with court orders • Increased access to visitation • Decreased placement disruptions • Increased collaboration among FTC team and partner agencies for FTC cases	• Increase family reunification rates, especially for families of color • Earlier ability to determine if reunification is unlikely & develop alternative permanent placement plan • Decrease avg. length of stay in out-of-home care • Reduce longer avg. stays of children of color in out-of-home care • Decrease out-of-home costs • Increase after-care planning and connection to services • Reduce subsequent out-of-home placements • Reduce filing of subsequent delinquency cases • Increase collaboration among partner agencies in non-FTC cases	▪ Children have safe and permanent homes within the permanency planning guidelines or sooner ▪ Families of color have outcomes from dependency cases similar to those of families not of color ▪ Parents are better able to care for themselves and their children and seek resources and support to do so ▪ Cost to society of dependency cases involving substance abuse is reduced

King County Superior Court, Family Treatment Court Program: Theory of Change

If this happens. . .	This will be the result
If parental CD treatment and frequent and active judicial oversight and accountability are integrated into the traditional dependency case process	▪ Parents' treatment compliance and completion rates will increase ▪ FTC team members will complete their responsibilities more quickly ▪ Cases will move more quickly through the system
If parents who need CD treatment are able to access the appropriate type and level of treatment in an expedient manner	▪ Parents are more likely to engage in treatment
If effective CD treatment plans are developed based on a thorough assessment	▪ The treatment provider will implement the plan with fidelity ▪ Treatment is more likely to lead to sobriety
If incentives and sanctions are provided in a timely way upon progress or infractions	▪ Parents' treatment compliance and completion rates will increase
If DCFS conducts a comprehensive, strength-based assessment of each child and parent	▪ Services to the children and ancillary services to parents will be provided consistent with the assessments and individualized needs
If parents and older children are involved in case planning and the assessment of service needs	▪ Services will better fit the individualized needs of parents and children ▪ Parents are more likely to comply with service plans
If DCFS provides increased and timely assistance to parents and children as described in court orders	▪ Parents are more likely to be able to comply with court orders ▪ Cases will move more quickly through the system
If parents receive timely and effective services to address issues that led to dependency	▪ Children will gain substantial benefits from parents' sobriety and increased ability to meet the needs of their children
If parents and children have more frequent visitation	▪ Children and parents can better maintain the child-parent bond and reunification is more likely
If FTC team members work in a non-adversarial way	▪ Intervention will be more effective ▪ Cases will move more quickly through the system ▪ Problems will be spotted and addressed sooner
If FTC team members know each other as individuals	▪ Intervention will be more effective ▪ Cases will move more quickly through the system ▪ Problems will be spotted and addressed sooner
If FTC members prepare written progress reports before each case conference	▪ All team members will have relevant information to jointly determine which issues need to be addressed in court hearings
If team members execute an MOU spelling out roles, responsibilities, and communication protocols	▪ Team members will fulfill meet the terms of the MOU in an effective and timely way
If parents graduate from the FTC program	▪ They are less likely to relapse ▪ They are less likely to re-enter the dependency system ▪ Children will experience fewer subsequent out-of-home placements

APPENDIX B: RESPONSE SCALES USED IN INTERVIEW

KCFTC STATED GOALS:

1. Ensure that children have safe and permanent homes within the permanency planning guidelines or sooner;
2. To ensure that families of color have outcomes from dependency cases similar to families not of color;
3. To ensure that parents are better able to care for themselves and their children and seek resources to do so; and
4. That the cost to society of dependency cases involving substances is reduced.

RESPONSE SCALES:

SCALE 1:

1 = Not at all successful
2 = A little bit successful
3 = Somewhat successful
4 = Moderately successful
5 = Extremely successful

SCALE 2:

1 = Much less successful
2 = Somewhat less successful
3 = About the same
4 = A little bit more successful
5 = Somewhat more successful
6 = A good deal more successful
7 = Much more successful

SCALE 3:

1 = No shared vision
2 = A little bit of shared vision
3 = Some shared vision
4 = A good amount of shared vision
5 = Substantial shared vision

APPENDIX C:

RESULTS OF ALL INTERVIEW QUESTIONS

Note: Appendix C has been formatted as a separate MS Word document.